



**Waukesha County  
Criminal Justice Collaborating Council  
Evidence-Based Decision Making Mental Health Workgroup Minutes  
Monday, January 29, 2018**

**Team Members Present:**

Anna Ruzinski (Co-Chair)	Hon. Kathryn Foster	Dan Baumann
Andy Dresang	Dr. Gordon Owley	James Gumm
Sally Tess	Dr. James Rutherford	Robert Mueller

**Team Members Absent:**

Antwayne Robertson (Co-Chair)	Maura McMahon	Laura Lau
Mary Madden		

**Others Present:** Rebecca Luczaj, Janelle McClain, Joan Sternweis, Jeff Lewis, Nick Sharon, Ryan Bukouras, Kurt Roskopf, Alan Johnson (ProHealth), Crystal Boyd (WCMHC), Debra Lane (WCMHC), Michelle Lambert-Webb (Froedtert), Jenna Jahnz (Froedtert), Erin Sarauer (Winnebago, via phone), Aaron Andersen (ProHealth), Dr. Isha Salva (WCMHC), Kristin Cantillon (Elmbrook), Jessica Andrews (Winnebago, via phone), Jessica Grzybowski (ProHealth), Kirk Yauchler (ProHealth), Sue Schoenbeck (Froedtert), Mary Mattila (Froedtert), Nicole Bolton (Aurora), Sherry Berg (ProHealth)

Ruzinski called the meeting to order at 1:03 p.m. The meeting began with introductions amongst the committee members and guests present.

**Approve Minutes from December 14, 2017**

Motion: Foster moved, second by Baumann, to approve the minutes from the December 14, 2017 meeting.

**Update on DHHS Access to Epic**

Rutherford reported that the County is still reviewing the access agreement. Once approved, we will want to speak to someone at ProHealth or Epic to determine if there is another way to access records in Epic that is not as cumbersome as it is now. While we will not have access to Care Everywhere, we are looking at WISHIN to provide similar access.

**Review and Discuss Recent Crisis Services Statistics**

Owley distributed and reviewed the documents titled "November 2017 Emergency Detention Statistics," "Clinical Crisis 3 Month Rolling Call Statistics Summary," and "Crisis Call Distribution for October 2017 to December 2017." The number of calls that did not receive an assessment could be due to law enforcement calling just to have confirmation of what they determine is the best way to handle the current situation, or the call could be from a family member or school.

HHS has created a crisis coordinator position, added a supervisor, as well as posted job ads for three additional clinical therapists for crisis.

Mueller reported that in 2016 and 2017, we emergency detained fewer people, but the cases that went to court increased. This means that we are dismissing fewer possible ED cases, further reinforcing how important the crisis assessments are. The decline in EDs would be because the clients are not being taken into care to begin with, as they are being voluntarily admitted or utilizing a safety plan.

Rutherford left at 1:31 p.m.

### **Discuss “Modified” Medical Clearance Process Used in Other Counties**

Ruzinski commented that, despite reports, Dodge County and Green Bay do not have a modified medical clearance process for processing a patient through the ED.

Andersen reported that the doctor-to-doctor reports are not getting better, nor worse. He stated that none of the tests that are routinely requested are necessarily required, but understands that the Mental Health Center (MHC) has their rules, and the MHC is the accepting facility. The biggest movement is having the urine tests collected, but not resulted before beginning the doctor-to-doctor process. The hospitals cannot force the client to give up urine or blood samples. Mueller stated that he tells law enforcement that they should calmly approach the client and explain to them that by refusing to cooperate, they are slowing down the process, which ultimately includes discharging from the hospital. Andersen added that he has not seen many instances of having add-on tests required.

Mueller left at 1:40 p.m.

Moreland Medical has seen an improvement in the timeframe for the doctor-to-doctor consultation occurring.

Salva commented that she finds it challenging to work with residents at the emergency room because of the difficulty with them coordinating with the attending physician. Salva stated that the MHC psychiatrists are not allowed by law to start a patient on an anti-psychotic medication without having the basic labs, lipid panel, and A1C results.

### **Emergency Detention Case Analysis**

Attendees participated in case analysis and the following observations were made:

- Not having complete disclosure of pertinent information and open communication between all parties delays the process
- There have been difficulties obtaining labs from minors who have trauma-induced reactions to the process
- Varied threshold between crisis workers of what warrants a safety plan versus ED
- Nurses do not have the credentials to determine if someone can be detained or not

Baumann left at 2:00 p.m.

Sternweis suggested that the CIT Community Collaborative be the forum for future case reviews.

Waukesha Police Department (WPD) had 19 calls in November that resulted in EDs. The average wait time for crisis to show up after the call is made has been reduced from 45 minutes to less than 30 minutes.

Assessments are taking approximately one hour. The biggest issue that the WPD faces is the amount of time between the patient being detained until when the patient arrives at the final facility (MHC or otherwise). In November, it was just over a 5-hour wait; December was approximately 4 hours and 50 minutes.

It is okay for the H&P/ER note not to be ready at the time the patient is transferred to the MHC. The note is utilized because there are not physicians available at the MHC 24:7.

Lewis commented that a Dementia Task Force has begun in Waukesha County and has held two meetings so far. Yauchler added that ProHealth is looking at opening an acute unit for the geriatric population so that they

do not have to be sent to Winnebago or Mendota. In the event that a geriatric patient needs to be sent to Mendota after hours, there needs to be a doctor-to-doctor consultation completed, or the patient needs to be referred during normal business hours. Lewis will follow-up with Mendota.

**Availability of Emergency Room Data on Number of Opiate Overdoses/Patients with Opioid Use Disorders**

Johnson distributed and reviewed a document titled “Waukesha Memorial Hospital Emergency Department,” that details number of diagnoses for various illicit drug overdoses/substance use disorders for October 2016 through December 2017.

Jahnz reported that for November 2017 through January 2018 thus far, 25 patients were transferred or admitted under similar search terms to that of Waukesha Memorial Hospital. Lambert-Webb reported that for the same November – January timeframe, there have been no patients presenting with illicit drug overdoses/disorders.

ProHealth can request a report that queries any administrations of Naloxone within the emergency department. The report would not be able to differentiate between why the Naloxone was utilized.

Aurora would like to have crisis available to come to the hospital to meet with patients and provide them with resources; however, currently, the hospitals are told they have to contact law enforcement, which causes the patient often to reject the idea of resources. Owley reminded everyone that the crisis team does not work for private hospitals; they work for the county. IMPACT 2-1-1 is always an option to obtain community resources.

**Discuss Agenda Items for Next Meeting**

The next quarterly meeting will be on Monday, April 23, at 1:00 p.m.

**Adjourn**

The meeting adjourned at 2:56 p.m.